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CONFIRMATION NO. 8891

<b>SERIAL NUMBER</b> 10/724,395	<b>FILING OR 371(c) DATE</b> 12/01/2003 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 246027US-20	
<b>APPLICANTS</b> Maryellen L. Giger, Elmhurst, IL; Dacian Bonta, Chicago, IL; <b>** CONTINUING DATA ***** <i>A-T</i> *****</b> This appln claims benefit of 60/429,538 11/29/2002 <b>** FOREIGN APPLICATIONS ***** <i>None</i> *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/07/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>A-T</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 22850					
<b>TITLE</b> Automated method and system for advanced non-parametric classification of medical images and lesions					
<b>FILING FEE RECEIVED</b> 595	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		